

**CAMPAIGN REGISTRATION STATEMENT**  
**STATE OF WISCONSIN**  
**GAB-1**

FOR OFFICE USE ONLY

IF A CANDIDATE DOES NOT FILE THIS STATEMENT BY THE DEADLINE FOR FILING NOMINATION PAPERS,  
THE CANDIDATE'S NAME WILL NOT BE PLACED ON THE BALLOT.

**NOTICE:** ANY CHANGE OF INFORMATION ON THIS REGISTRATION STATEMENT MUST BE FILED WITHIN 10 DAYS.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

**1. CANDIDATE AND CANDIDATE COMMITTEE INFORMATION**

Name of Candidate	Party Affiliation	Office Sought (include district or branch number)
Residence Address (number and street)	Primary Date	Candidate Telephone Number (residence)
City, State and Zip Code	Election Date	Candidate Telephone Number (employment)
Campaign Committee Name (if any)    Check One: <input type="checkbox"/> Personal Campaign Committee <input type="checkbox"/> Support Committee		Candidate Email Address
Campaign Committee Address (if different than above) - Number, Street, City, State and Zip Code		Committee Email Address
Telephone Number (if different than above)		

**2. POLITICAL COMMITTEE INFORMATION**

(For use ONLY by Political Action Committees, Political Party Committees, Political Groups, etc.)

Name of Committee <b>Committee to Recall Walker</b>	
Address - Number, Street, City, State and Zip Code <b>PO Box 2569, Madison, WI 53701</b>	
Telephone Number <b>608.318.4250</b>	Committee Email Address <b>wirecallcommittee@gmail.com</b>
Sponsoring Organization - Name and Complete Address <b>United Wisconsin - 1605 Monroe, Madison, WI 53711</b>	
Acronym (if any)	
<b>Type of Committee:</b> A. <input type="checkbox"/> Special Interest Committee (PAC) <input type="checkbox"/> Resident Committee <input type="checkbox"/> Nonresident Committee <input type="checkbox"/> Incorporated Labor Organization - Attach Information Required by s.11.05(3)(n), Stats. B. <input type="checkbox"/> Political Party Committee <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____ C. <input type="checkbox"/> Legislative Campaign Committee -- Attach Statement Required by s.11.05(3)(o), Stats. D. <input type="checkbox"/> Political Group (Referendum) _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose Name of Referendum _____ E. <input checked="" type="checkbox"/> Recall Committee <u>Governor Scott Walker</u> <input checked="" type="checkbox"/> Support Recall <input type="checkbox"/> Oppose Recall Name of Officer Subject to Recall _____ - Attach Statement Required by s.9.10(2)(d) F. <input type="checkbox"/> Independent Committee - Also, Complete Oath of Independent Expenditures, Form GAB-6 G. <input type="checkbox"/> Individual - Also, Complete Oath of Independent Expenditures, Form GAB-6	

**3. COMMITTEE TREASURER** (Campaign finance correspondence is mailed to this address.)

Treasurer's Name <b>Julie Wells</b>		Telephone Number (residence) <b>6083184250</b>	
Address (number and street) <b>311 Halcyon Place</b>		Telephone Number (employment)	
City, State and Zip Code <b>Fort Atkinson, WI 53538</b>			Treasurer Email Address <b>wirecallcommittee@gmail.com</b>

**4. PRINCIPAL OFFICERS OF COMMITTEE AND OTHER CUSTODIANS OF BOOKS AND ACCOUNTS**

Attach additional listing if necessary. Indicate which officers or committee members are authorized to fill a vacancy in nomination due to death of candidate by an asterisk(\*). This provision only applies to independent and local nonpartisan candidates. s.8.35, Stats.

NAME	MAILING ADDRESS	Email Address	Phone #	POSITION
<b>Julie Wells</b>	<b>311 Halcyon Place, Fort Atkinson, WI 53538</b>	<b>wirecallco mmittee@ gmail.com</b>	<b>608.31 8.4250</b>	<b>petiti oner</b>

**5. DEPOSITORY INFORMATION**

Name of Financial Institution <b>Summit Credit Union</b>	Account Number (Attach list of any additional accounts and deposit boxes, location, type and number, i.e., savings, checking, money market, etc.) <b>1836xxxx</b>
Address (number and street) <b>PO Box 8046</b>	City, State and Zip Code <b>Madison, WI 53708</b>

**CERTIFICATION****TREASURER**

I, Julie Wells (print full name) certify the information in this statement is true, correct and complete.

Signature \_\_\_\_\_, Treasurer

**11/15/2011**

Date

**CANDIDATE**

I, \_\_\_\_\_ (print full name) certify the information in this statement is true, correct and complete, and that this is the only committee authorized to act on my behalf.

Signature \_\_\_\_\_, Candidate

Date

**+ + + EXEMPTION FROM FILING CAMPAIGN FINANCE REPORTS §11.05(2r), Wis. Stats. + + +**

You may be eligible for an exemption from filing campaign finance reports. Consult the Campaign Finance Instruction and Bookkeeping Manual to determine if the registrant qualifies for exemption.

☐ This registrant is eligible for exemption. This registrant will not accept contributions, make disbursements or incur obligations in an aggregate amount of more than \$1,000 in a calendar year or accept any contribution or cumulative contributions of more than \$100 from a single source during the calendar year, except contributions by a candidate to his or her campaign of \$1,000 or less in a calendar year.

☐ This registrant is no longer eligible to claim exemption.

Signature of Candidate or Treasurer

Date

THE INFORMATION ON THIS FORM IS REQUIRED BY §§9.10(2)(d), 11.05, 11.06(7), WIS. STATS. FAILURE TO PROVIDE THE INFORMATION MAY SUBJECT YOU TO THE PENALTIES OF §§8.30(2), 11.60, 11.61, 11.66, WIS. STATS.

STATE OF WISCONSIN

Jefferson  
(Name of County)

Fort Atkinson City  
(Name of Municipality)

**STATEMENT OF INTENT TO CIRCULATE RECALL PETITION**

THE UNDERSIGNED RECALL PETITIONER, Julie Wells,  
(Print Name)

STATES HIS/HER INTENT TO CIRCULATE, PURSUANT TO S.9.10 OF THE WISCONSIN  
STATUTES, A PETITION TO RECALL,

Governor Scott Walker

(Indicate the name of, and office held by, the official being recalled),

Today, I am officially submitting paperwork to recall Scott Walker because Walker has lied to the people of  
Wisconsin and is destroying our state. Walker has taken away the rights of workers, is destroying our  
education system, and is selling our state to the big corporations that put him in office.

This is a rare step that our state has not taken before, but Walker's actions leave us no choice - we cannot  
take one more day of Walker as Governor. I am proud to be one of the thousands of United Wisconsin  
supporters who have pledged to recall Walker, and I am filing this on their behalf and for the thousands of  
Wisconsin residents who have been hurt by Scott Walker.

I have not been involved in politics before, but Walker's actions have motivated me to stand up for my state.  
I look forward to standing with the hundreds of thousands of Wisconsin residents who will be joining me in  
signing the petitions to recall Scott Walker.

(This statement should be appended to the Campaign Registration Statement (GAR-1) filed with the filing officer.)

Dated this 15th day of November, 2011

\_\_\_\_\_  
(Signature of Petitioner)

(Notary Not Required)